

# transient ischemic attack & stroke

A C T I O N   G U I D E



AUSTRALIAN SAFETY  
AND QUALITY GOALS  
FOR HEALTH CARE

# AUSTRALIAN SAFETY AND QUALITY GOALS FOR HEALTH CARE

## What are the goals?

The Australian Safety and Quality Goals for Health Care set out some important safety and quality challenges for Australia that would benefit from a coordinated national approach to improvement over the next five years. They are relevant across all parts of the health care system and aim to focus attention on a small number of key safety and quality challenges which:

- have a significant impact on the health and wellbeing of individuals, or on the healthcare system as a whole
- can be improved through implementation of evidence-based interventions and strategies
- are amenable to national action and collaboration.

### ➤ GOAL 2 APPROPRIATENESS OF CARE:

That people receive appropriate, evidence-based care.

### ➤ PRIORITY AREA 2.2 TRANSIENT ISCHEMIC ATTACK AND STROKE:

People with a transient ischemic attack or stroke receive appropriate, evidence-based care.

## What is the purpose of this document?

This action guide aims to provide detail on **Priority area 2.2: Transient ischemic attack and stroke**, including key outcomes that contribute towards meeting the Goal and possible actions that individuals and organisations across the health system could undertake to contribute to these changes. The actions described in this document are provided as guidance only; they are not exhaustive and are generally not mandatory.

One key outcome has been chosen based on the criteria above, as well as feedback and input from a range of stakeholders.

- **Outcome 2.2.1: All patients with a transient ischemic attack or stroke receive care in line with the national clinical standard, and experience an improved quality of life**

Actions are required across the continuum of care that spans pre-hospital, hospital, and the community to provide appropriate care and achieve good outcomes for people with transient ischemic attack (TIA) or stroke. These actions can be set out in a national clinical standard that describes the agreed treatments for TIA and stroke.

## What is the problem that needs to be addressed?

Stroke is the second leading cause of death in Australia and a major cause of disability. It is estimated there are over 60,000 new or recurrent strokes every year. The impact on individuals, families, and the health care system is substantial. Approximately 89% of people who have a stroke are admitted to hospital, and 88% of stroke survivors are left with some level of disability. The direct healthcare expenditure on stroke care is estimated to exceed \$546 million annually.

## Why should this issue be a national goal?

There is strong evidence to guide appropriate care for patients with a stroke across the continuum of care, yet there continues to be a gap between the clinical care that is recommended in best-practice guidelines and the care that patients with a stroke receive. This gap is contributing to increased costs to the healthcare system and a greater burden of disability from stroke.

## Who is this guide for?

This action guide can be used as a guide for consumers, healthcare providers, healthcare organisations and other individuals and organisations to make improvements and reduce harm. However, many other changes and actions can be implemented to contribute to these outcomes outside the ones suggested in this guide. Individuals and organisations should consider their current programs, policies, priorities, structure, and governance arrangements, as well as the characteristics, needs, and preferences of their populations when changing systems, processes, and practice.

## Examples of organisations and individuals who can make improvements in safety and quality

CATEGORY	EXAMPLES OF ORGANISATIONS AND INDIVIDUALS THAT MAY BE INCLUDED IN THIS CATEGORY
Consumers	Advocates, carers, consumers, families, friends, patients, and support people
Healthcare providers	Aboriginal health workers, allied health workers, ambulance officers, community health professionals, general practitioners, medical and nurse specialists, nurses, paramedics, pharmacists, and prescribers
Organisations that provide healthcare services or support services at a local level	Allied healthcare services, day surgeries, community healthcare services, community pharmacies, Local Hospital Networks, Medicare Locals, primary healthcare services, public and private hospitals
Government organisations, regulators and bodies that advise on health as set policy	Australian Health Practitioner Regulation Agency, Commonwealth government, Health Workforce Australia, Independent Hospital Pricing Authority, National Health Performance Authority, National Lead Clinicians Group, National Medicare Local Network, National Prescribing Service, State and Territory governments
Education and training organisations	Colleges, private training organisations, training and further education organisations, universities, and other registered training providers
Other organisations	Accreditation agencies, colleges, consumer organisations, non-government organisations, support groups, university and other research groups

Note: These examples are not intended as a comprehensive list of all individuals and organisations within these categories.

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## GOAL 2: APPROPRIATENESS OF CARE

### PRIORITY AREA 2.2: TRANSIENT ISCHEMIC ATTACK AND STROKE

In order to achieve appropriate care for transient ischemic attack and stroke, actions are required across the continuum of care that spans pre-hospital, hospital, and the community.

OUTCOME 2.2.1	All patients with a transient ischemic attack or stroke receive care in line with the national clinical standard, and experience an improved quality of life
WHAT WOULD SUCCESS LOOK LIKE AFTER FIVE YEARS?	<p>A national clinical standard for transient ischemic attack (TIA) and stroke is in place and people receive care in line with the standard.</p> <p>People with a TIA or stroke receive their care in a formally-integrated and coordinated system that involves ambulance services, the acute care system, the primary care system, and the community care system.</p> <p>There is a decrease in stroke mortality and the incidence of recurrent stroke.</p>
HOW WILL WE KNOW THAT SUCCESS HAS BEEN ACHIEVED?	<p>By monitoring:</p> <ul style="list-style-type: none"> <li>• processes of TIA and stroke care across the continuum of care</li> <li>• compliance with the national clinical standard</li> <li>• outcomes of stroke care at a regional and national level</li> </ul> <p>Work will need to be undertaken to develop systems to monitor these outcomes.</p>
WHAT ACTIONS ARE NEEDED TO ACHIEVE THIS OUTCOME?	
PRE-HOSPITAL CARE	
POSSIBLE ACTIONS BY CONSUMERS	<p>Know the warning signs and symptoms of a stroke.</p> <p>Immediately call '000' at the first signs of a stroke.</p> <p>Discuss their risk factors for a stroke and their management plan with their general practitioner (GP) or other primary care provider.</p> <p>Manage their risk factors by following medical advice and regularly visiting their GP or other primary care provider to get their risk factors reassessed.</p>
POSSIBLE ACTIONS BY HEALTHCARE PROVIDERS	<p>Develop and implement a clinic triage process to ensure everyone with a possible stroke is identified immediately.</p> <p>Call '000' if a person with a stroke presents at a clinic.</p> <p>Deliver care in line with the national clinical standard for TIA and stroke.</p> <p>Follow stroke and TIA emergency response protocols.</p> <p>Participate in training and professional development in TIA and stroke assessment.</p> <p>Participate in clinical reporting systems for TIA and stroke care.</p>

“All patients with a transient ischemic attack or stroke receive care in line with the national clinical standard, and experience an improved quality of life.”

<p><b>POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL</b></p>	<p>Ambulance services, Local Hospital Networks and Medicare Locals collaborate to:</p> <ul style="list-style-type: none"> <li>• develop and implement pre-hospital bypass protocols and inter-hospital transfer protocols to rapidly transfer patients with a stroke to a hospital with a stroke unit</li> <li>• establish a pre-hospital notification process</li> <li>• train staff on emergency assessment for stroke and the hospital bypass and inter-hospital transfer protocols</li> <li>• systematically monitor, evaluate, and report on pre-hospital stroke care and outcomes.</li> </ul>
<p><b>POSSIBLE ACTIONS BY GOVERNMENT ORGANISATIONS, REGULATORS AND BODIES THAT ADVISE ON OR SET HEALTH POLICY</b></p>	<p>Develop policies for the establishment of pre-hospital bypass protocols and inter-hospital transfer protocols.</p> <p>Develop policies for the establishment of pre-hospital notification processes.</p> <p>Establish a national mechanism for collecting pre-hospital stroke care data.</p> <p>Establish a national mechanism for monitoring and reporting on outcomes of pre-hospital stroke care.</p> <p>Develop funding models that encourage high quality and safe TIA and stroke care.</p> <p>Develop the workforce capacity to deliver pre-hospital stroke care in line with the national clinical standard to all patients.</p> <p>Support the development, implementation, and evaluation of a national public education and awareness campaign on the symptoms of stroke.</p>
<p><b>POSSIBLE ACTIONS BY EDUCATION AND TRAINING ORGANISATIONS</b></p>	<p>Include information and training on recognising and responding to a patient with a TIA or stroke in undergraduate, postgraduate, and continuing professional development for all healthcare professionals.</p>
<p><b>POSSIBLE ACTIONS BY OTHER ORGANISATIONS</b></p>	<p>Develop, implement, and evaluate public education and awareness campaigns on the symptoms of stroke and how to respond.</p> <p>Provide ongoing support for improving the pre-hospital stroke care system.</p> <p>Support the development of tools, resources, and training for healthcare professionals involved in pre-hospital stroke care.</p>
<p><b>POSSIBLE ACTIONS BY THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE</b></p>	<p>Develop a national clinical standard for TIA management and stroke care.</p> <p>Identify national clinical indicators for TIA management and stroke care.</p> <p>Support the collection and reporting of national stroke care data and outcomes.</p> <p>Provide assistance and tools to healthcare providers and healthcare organisations to help them achieve the national clinical standard for TIA and stroke.</p> <p>Collaborate with medical colleges, training agencies, and non-government organisations to facilitate nationally consistent education and training programs for healthcare providers working in stroke care.</p>

## GOAL 2: APPROPRIATENESS OF CARE

### PRIORITY AREA 2.2: TRANSIENT ISCHEMIC ATTACK AND STROKE

#### WHAT ACTIONS ARE NEEDED TO ACHIEVE THIS OUTCOME?

##### HOSPITAL CARE

###### POSSIBLE ACTIONS BY CONSUMERS

Discuss their care with their healthcare providers and ask questions about what they can do to recover from their stroke.

Read the information they are given about recovering from a stroke and request a time to discuss any questions they have about recovery and rehabilitation with a member of the stroke care team.

Discuss follow-up care, ongoing rehabilitation, and secondary prevention with the stroke care team.

Set goals for recovery and rehabilitation with their healthcare providers.

Request a care plan and time to review it with the stroke care team.

###### POSSIBLE ACTIONS BY HEALTHCARE PROVIDERS

Deliver care in line with the national clinical standard.

Follow local clinical protocols and pathways.

Collaborate and communicate with all the healthcare providers involved in the patient's care.

Discuss treatment, rehabilitation, and follow-up care with the patient, their family, or their carer.

Develop a written care plan with the patient and their carer prior to discharge and review it with the patient and/or primary carer prior to discharge.

Ensure a copy of the patient's care plan is sent to the patient's general practitioner or other primary care provider when the patient is discharged.

Participate in clinical reporting systems for TIA and stroke.

Participate in appropriate training and continuing professional development.

###### POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL

Organise healthcare services to ensure all patients with TIA or stroke receive care in line with the national clinical standard.

Develop and implement hospital protocols, pathways, and decision-support tools to ensure all patients receive TIA management and stroke care in line with the national clinical standard.

Develop and implement a process to ensure all staff involved in the care of patients with TIA or stroke have the required training, skills, and support to deliver care in line with the national clinical standard.

Develop and implement policies to facilitate the involvement of people in decisions related to their stroke care.

Provide patients with information and support resources.

Develop and implement systems to support communication between healthcare providers involved in the continuum of stroke care.

Systematically monitor, evaluate, and report on TIA and stroke care and outcomes.

Develop and implement quality improvement processes to address the areas of TIA and stroke care that are not meeting the national clinical standard.

Participate in national reporting of TIA and stroke care.

<p><b>POSSIBLE ACTIONS BY GOVERNMENT ORGANISATIONS, REGULATORS, AND BODIES THAT ADVISE ON OR SET HEALTH POLICY</b></p>	<p>Support the national mechanism for collecting stroke care data (such as a national clinical quality registry for stroke).</p> <p>Establish a national process for monitoring and reporting on outcomes of stroke care.</p> <p>Develop funding models that encourage high quality and safe TIA and stroke care.</p> <p>Develop the workforce capacity to deliver TIA and stroke care in line with the national clinical standard to all patients.</p>
<p><b>POSSIBLE ACTIONS BY EDUCATION AND TRAINING ORGANISATIONS</b></p>	<p>Include information about TIA and stroke care in undergraduate, postgraduate, and continuing professional development curricula for all healthcare professionals.</p>
<p><b>POSSIBLE ACTIONS BY OTHER ORGANISATIONS</b></p>	<p>Support the development, management, and monitoring of an effective stroke care system for everyone with TIA or stroke.</p> <p>Facilitate and support professional development and continuing education for healthcare providers involved in TIA management and stroke care.</p>
<p><b>POSSIBLE ACTIONS BY THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE</b></p>	<p>Develop a national clinical standard for TIA management and stroke care.</p> <p>Identify national clinical indicators for TIA management and stroke care.</p> <p>Facilitate and support the collection and reporting of national stroke care data and outcomes.</p> <p>Provide assistance and tools to healthcare providers and healthcare organisations to help them achieve the national clinical standard.</p> <p>Collaborate with medical colleges, training agencies, and non-government organisations to facilitate nationally consistent stroke education and training programs for healthcare providers working in TIA or stroke care.</p>

## GOAL 2: APPROPRIATENESS OF CARE

### PRIORITY AREA 2.2: TRANSIENT ISCHEMIC ATTACK AND STROKE

#### WHAT ACTIONS ARE NEEDED TO ACHIEVE THIS OUTCOME?

##### COMMUNITY CARE

##### POSSIBLE ACTIONS BY CONSUMERS

Visit their general practitioner or other primary care provider regularly to review their care plan and discuss their recovery, rehabilitation, self-management, and secondary prevention goals.

Set recovery and rehabilitation goals.

Follow medical advice and discuss all medication side effects with their general practitioner or other primary care provider before discontinuing any of their medical treatment.

Request information about potential complications after a stroke and how to prevent them.

Request information on the support services and rehabilitation opportunities available to support rehabilitation and recovery.

Participate in rehabilitation and support programs.

##### POSSIBLE ACTIONS BY HEALTHCARE PROVIDERS

Deliver care in line with the national clinical standard.

Discuss rehabilitation, secondary prevention, and mental health with the patient, their family, or their carer.

Establish secondary prevention and rehabilitation goals with the patient, their family, or their carer and set timelines for review.

Develop a care plan in partnership with the patient, their family, or their carer and give them a copy.

Systematically monitor patients and evaluate the outcomes of their care against therapeutic targets and care goals.

Establish formal referral processes with community support services that are involved in stroke care.

Collaborate and communicate with all the healthcare providers involved in a patient's care.

Participate in clinical reporting systems for TIA and stroke care.

Participate in training and continuing professional development in TIA and stroke management.

##### POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL

Organise healthcare services to ensure all patients who have had a stroke receive rehabilitation and secondary preventive care in line with the national clinical standard.

Establish community-based stroke rehabilitation programs and support services that are accessible to all consumers and responsive to their physical and mental health needs.

Develop and implement protocols and processes for the transfer of care of patients with a stroke to sub-acute and community services including rehabilitation, community supports, and primary care.

Develop and implement systems to ensure people who have had a stroke are assessed annually.

Develop and implement policies to facilitate the involvement of consumers in their stroke care.

Develop and implement a process to facilitate communication between healthcare providers involved in the continuum of stroke care.



“Provide education and support services to stroke survivors and their carers.”

<p><b>POSSIBLE ACTIONS BY ORGANISATIONS THAT PROVIDE HEALTHCARE SERVICES OR SUPPORT SERVICES AT A LOCAL LEVEL</b></p>	<p>Provide consumers with information and support resources.</p> <p>Develop and implement a process to ensure all staff involved in stroke care have the required training, skills, and support to deliver care in line with the national clinical standard.</p> <p>Systematically monitor, evaluate, and report on stroke care.</p> <p>Develop and implement quality improvement processes to address the areas of stroke care that are not meeting the national clinical standard.</p> <p>Participate in national reporting of stroke care.</p>
<p><b>POSSIBLE ACTIONS BY GOVERNMENT ORGANISATIONS, REGULATORS, AND BODIES THAT ADVISE ON OR SET HEALTH POLICY</b></p>	<p>Develop policies for the establishment of stroke rehabilitation and support services that are required to deliver care in line with the national clinical standard.</p> <p>Develop policies for the development of secondary preventive care for TIA and stroke that are required to deliver care in line with the national clinical standard.</p> <p>Support the national mechanism for collecting stroke care data (such as a national clinical quality registry for stroke).</p> <p>Establish a national framework for monitoring and reporting on outcomes of stroke care.</p> <p>Develop funding models that encourage high quality and safe care.</p> <p>Develop the workforce capacity required to deliver TIA and stroke care in accordance with the national clinical standard.</p>
<p><b>POSSIBLE ACTIONS BY EDUCATION AND TRAINING ORGANISATIONS</b></p>	<p>Include information about stroke rehabilitation, secondary prevention, and self-management after a stroke and TIA in undergraduate, postgraduate, and continuing professional development curricula for all healthcare professionals.</p> <p>Provide training and continuing professional development on the needs of stroke survivors and their carers.</p>
<p><b>POSSIBLE ACTIONS BY OTHER ORGANISATIONS</b></p>	<p>Provide education and support services to stroke survivors and their carers.</p> <p>Facilitate and support professional development and continuing education for healthcare providers involved in community stroke care.</p>
<p><b>POSSIBLE ACTIONS BY THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE</b></p>	<p>Develop a national clinical standard for TIA and stroke care.</p> <p>Identify national clinical indicators for TIA management and stroke care.</p> <p>Facilitate and support the collection and reporting of national stroke care data and outcomes.</p> <p>Provide tools and assistance to healthcare providers and healthcare organisations to help them achieve the clinical standard for TIA and stroke care.</p> <p>Collaborate with medical colleges, training agencies, and non-government organisations to facilitate nationally consistent stroke education and training programs for healthcare providers working in stroke care.</p>



## **APPENDIX: DEFINITIONS**

### **PRIORITY AREA 2.2:** TRANSIENT ISCHEMIC ATTACK AND STROKE

#### **Pre-hospital care:**


Emergency medical care provided in the community and transport to hospital care.

#### **Hospital care:**

Includes acute and sub-acute medical care and inpatient rehabilitation.

#### **Community care:**

Medical care, rehabilitation and support services provided on an outpatient basis or in the community.



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**AUSTRALIAN COMMISSION ON SAFETY  
AND QUALITY IN HEALTH CARE**

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